



THE BEST EFFORT CAMPS

2006



The Seattle Parks and Recreation Citywide Youth Athletic Office, in conjunction with New Balance/Coaches Who Care, Intl., Sonics, Storm, Talisma, GE Capital, is sponsoring The Best Effort Basketball Camp.

*The camp, featuring Coach Tom Newell and staff is being offered at the enclosed locations. The camps will run for 1 ½ to 2 hour sessions. They are **FREE** to all campers ages 8-15. **YOU MAY ONLY ATTEND ONE SITE.** Please feel free to make copies of the registration forms and send them to Citywide Youth Athletics Attn to: Brieah Marino, 5201 Green Lake Way N, Seattle, WA 98103, fax it to 206-615-0073. Spread the word! Sign up early to get the session you want. Everyone will receive **FREE** giveaways!! Come join the fun!!*

July 10, 11, and 12	Bitter Lake	9:00am-10:30am
	Laurelhurst	11:30am-12:30pm
	Meadowbrook	1:30pm-3:00pm
	Ballard	3:30pm-5:00pm
July 13 and 14	Ravenna-Eckstein	10am-12noon
	Green Lake	1:30pm-3:30pm
July 17, 18, and 19	Rainier Beach	9:00am-10:30am
	Rainier	11:00am-12:30pm
	SouthWest/S.Park	1:30pm-3pm
	Highpoint	3:30pm-5pm
July 20 and 21	Hiawatha	10am-12noon
	Delridge	1:30pm-3:30pm
July 24, 25, and 26	Jefferson	9:00am-10:30am
	Yesler	11:00am-12:30pm
	Magnuson	1:30pm-3pm
	Miller	3:30-5pm
July 27 and 28	Magnolia	10am-12noon
	Queen Anne	1:30pm-3:30pm



GE Capital



"CEASE TO BE OBESE 2006"



If you have any questions, please do not hesitate to contact Frank Cammarano at Citywide Youth Athletics at 206-684-7091.

Registration Form Other Side →

NEW BALANCE/COACHES WHO CARE, INTL.
BEST EFFORT CAMP 2006
Student Athlete Registration Form/Questionnaire

Is this your **FIRST** Best Effort Camp? (Y) (N) OR (2nd) (3rd)

Community Center Site that your child will be attending: _____

Name of Participants: _____ Age: _____

(Print Clearly)

Address: _____ Email: _____

Parent's Phone: _____ Emergency Number: _____

Please Check Other Activities You Have Experienced to Date:

() Soccer () Tennis () Gymnastics () Football () Other _____
() Swimming () Dance () Baseball () Martial Arts

Have you ever had a bad experience in youth sports? Y / N Explain: _____

How about a positive experience? Y / N Explain: _____

➤ Do you or another family member practice at home? Y / N
➤ Do you drink Carbonated Drinks during the summer when you're thirsty? Y / N
➤ Do you need **"special medications"** when practicing or playing? Y / N
(Inhaler, medicine, etc., allergies to peanuts etc.) Explain: _____

➤ When was the first time you began to participate in sports? Age: _____ Activity: _____
➤ Did you want to participate or did your Parent sign you up? _____
➤ How much time do you estimate you **practice sports** on your own?
Once a week ____ Twice a week ____ Everyday during season ____ Not Sure ____
➤ Have you ever attended a sports camp: Y / N Spring ____ Summer ____ Fall ____
➤ Do you watch sports on your own? Y / N Do you play sports oriented video games? Y / N
As a spectator of college games ____ As a spectator for high school games ____
As a spectator for age level competitions ____ As a spectator for Pro Sports ____

Thank you for taking the time to answer these important questions for us. These answers will enable us to better plan our practices, develop better team fundamentals, and understand any previous bad experiences you may have endured participating in sports. **Coach tom newell**, Director

Liability Waiver/Health & Insurance Form - Registration Not Valid Unless Waiver is signed

I hereby authorize the directors of New Balance/Coaches Who Care, Intl. (hereinafter referred to as "Camp") to act for me according to their best judgment in any emergency medical situation. I hereby waive and release the City of Seattle, its staff and all Advisory Council members, and any other organizations or individuals involved with the "Camp", and the "Camp" and its staff of any responsibility or liability arising from the applicant's participation in the "Camp". I know of no medical/physical problems which might affect my child's ability to safely participate in this camp. I will be responsible for any medical or other charges incurred in connection with their attendance at camp. Costs for the treatment of injuries and hospitalization for illness/injuries incurred during "the Camp" will be the responsibility of the parent or guardian of the participant. Any insurance carried by the parents or guardian may be used to defray such medical and hospital costs.

PARENT/ GUARDIAN SIGNATURE DATE